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CT2709 US-NP



CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

James Epperson
Type or print name

James Epperson
Signature

July 20, 2006
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF
KENNETH BOY, ET AL.
APPLICATION NO: **10/731,854**
FILED: **12/09/2003**
FOR: **2-ARYL THIAZOLE DERIVATIVES AS KCNQ MODULATORS**

ART UNIT: **1625**
EXAMINER: **MORRIS, PATRICIA L.**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

This Supplemental Information Disclosure Statement is being filed in accordance with 37 C.F.R. §1.97(c).

In accordance with 37 C.F.R. §1.56, applicant wishes to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Copies of these references are enclosed herewith.

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07/26/2006 RFEKADU1 00000001 193860
01 FC:1806 180.00 DA



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Certificate under 37 C.F.R. §1.97(e)(1)

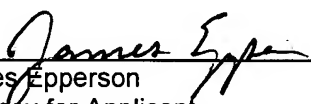
I, the undersigned attorney, hereby certify that each item of information contained in this Supplemental Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement.

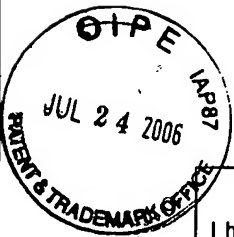
The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s) and charge the appropriate fee under §1.17 (p) to Deposit Account 19-3880 in the name of Bristol-Myers Squibb Company.

Respectfully submitted,

Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000

Date: 7/20/2006


James Epperson
Attorney for Applicant
Reg. No. 52,867
Phone: 203-677-6974



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Mail Stop Amendment
Commissioner for Patents
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Alexandria, VA 22313-1450

FEE LETTER FOR SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$180 for payment of the fee pursuant to 37 CFR §1.17(p) for the submission of a Supplemental Information Disclosure Statement under 37 CFR §1.97(c).

An additional copy of this paper is here enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Respectfully submitted,

Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000

Date: 7/20/2006

James Epperson
James Epperson
Attorney for Applicant
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Phone: 203-677-6974

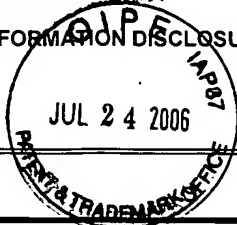
FORM PTO-1449
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE**INFORMATION DISCLOSURE CITATION**

(Use several sheets if necessary)

SUPPLEMENTAL INFORMATION DISCLOSURE CITATION

ATTY. DOCKET NO.
CT-2709 NP
APPLICATION NO.
10/731,854
APPLICANT
BOY ET AL.
FILING DATE
DECEMBER 9, 2003

Group

**U.S. PATENT DOCUMENTS**

| EXAMINER INITIAL | | DOCUMENT NUMBER | DATE | NAME | CLASS | SUBCLASS | FILING DATE |
|---------------------|----|-----------------|------|------|-------|----------|-------------|
| | AA | | | | | | |
| | AB | | | | | | |
| | AC | | | | | | |
| | AD | | | | | | |
| | AE | | | | | | |
| | AF | | | | | | |
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| | AI | | | | | | |
| | AJ | | | | | | |
| | AK | | | | | | |
| | AL | | | | | | |

FOREIGN PATENT DOCUMENTS

| | | DOCUMENT NUMBER | DATE | OFFICE | CLASS | SUBCLASS | TRANSLATION | |
|--|----|------------------------|---------|--------------------|-------|----------|-------------------------------------|--------------------------|
| | | | | | | | YES | NO |
| | AM | Japanese Patent 128275 | 4/28/92 | English Equivalent | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | AN | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | AO | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | AP | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | AQ | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

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| | AR | |
| | AS | |
| | AT | |

EXAMINER**DATE CONSIDERED**

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.